## Statement of Organization - Candidate Committee

Amendment

Ves No

Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information				
a. Fuli Name		. c. 1D Number		
Committee to Elect Tyson			3CD FOS	
b. Mailing Address (include Ci	ty, State and Zip Code)		d. Date Organized	
700 Madam Moores Ln New Bern, NC 28562			2112/2010 c. Phone Number	
• •		252-514-9157		
2. Candidate Information		Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation
Oteve Tyson				Rep
b. Mailing Address (include Ci	ty, State, and Zip Code)	e. Office Sought		f. Jurisdiction
700 Madam Moores Ln. New Bern, NC 28562		county Commissioner 7		
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		
3. Treasurer Information		4. Custodian of Books Information		
a. Full Name		a. Full Name		
Steve Tyson		1/2		
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)		
700 Madam Moores Ln				
New Bern, NC 28562				
c. Phone Number d. Email Address		c. Phone Number	d. Email A	ddress
252-514-9157	nla	,		
5. Assistant Treasurer Information Add		6. Account Information (incl. CRO-3500)		
a. Full Name Remove		a. Financial Institution Full Name Remove		
nla		First Cutizens		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose		
		Campaign		
c. Phone Number	d. Email Address	c. Account Code		d. Type
		1		Checking
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.				
57eve 7950N Stew 7950N  Printed Name of Signer Signature of Appointed Treasurer D				
Printed Name of Signer		Signature Appointed Treasurer		Date